Edgar 7 Cyriax

Reprinted from the New York Medical Journal for October 21, 1911.

LIBRARY

30510
Cyriax
Ed.

REPORT OF A CASE OF ANEURYSM OF THE THORACIC AORTA TREATED BY ABRAMS'S METHOD.

By L. C. Boyd, M. D.,
Long Beach, Cal.

In the *British Medical Journal* (July 8, 1911), Dr. Albert Abrams, of San Francisco, reports forty cases of aneurysm of the thoracic and abdominal aorta treated by his method of concussion of the seventh cervical spine. His method is practically a specific in a disease which has heretofore baffled our best efforts, and it creates an epoch in therapeutical medicine and elevates physiological therapeutics to a place of distinction in the armamentarium of the physician. The results of the discoverer have been achieved in a few weeks, and some of his patients were seen, after three and four years, with absolutely no recurrence of symptoms. All of his cases were far advanced in the disease. Dr. L. St. John Hely reported a case of aneurysm of the thoracic aorta (*Medical Record*, May 21, 1910), treated by Abrams's method. The aneurysm had perforated the wall of the chest. Within one week all the symptoms disappeared, and fourteen months after the patient's discharge, he was as well as at the time of dismissal.

I shall not endeavor to detail the author's method of cure nor its rationale, insomuch as both are exhaustively discussed in his book, *Spondylotherapy*.

The following is the history of a patient with aneurysm of the thoracic aorta showing symptomatic cure after treatment lasting about two weeks.

Mrs. H., aged thirty-one years. Duration of symptoms, three years.

Copyright, 1911, by A. R. Elliott Publishing Company.

B040

Subjective symptoms. Præcordial pain, radiating to head and left arm. The painful paroxysms were accompanied by great prostration. Dyspnœa was constant and, like the pain, was accentuated by exertion, emotions, or great altitude. There was a troublesome dysphagia, insomnia, and dysphonia.

Objective symptoms. Moderate exophthalmos, vascular engorgement of face, neck, and hands (notably on the left side). The right radial pulse was retarded and weakened. There was a slight bulging of the anterior chest wall corresponding to the first and second intercostal spaces on the left side, and a marked area of dulness on percussion. The latter dulness could be made to contract or enlarge in area at will by elicitation of the aortic reflexes. (This is an important diagnostic aid in differentiating the dulness of aneurysms from the dulness of other causes.)

Palpation yielded a slight systolic thrill over the area of aneurysmal dulness. A loud systolic bruit was heard over the aneurysmal dulness which was propagated posteriorly along the course of the descending aorta. There was an accentuated second aortic tone. The heart was somewhat displaced to the left and the apex beat was diffused over a large area and diminished in force. Slight tracheal tugging was present.

Treatment was administered twice daily and commenced on July 2, 1911, and continued until the 17th of the same month.

The following notes are based on an examination made August 8, 1911:

Subjective symptoms. Absolutely no pains of any kind. Dyspnœa, dysphagia, and insomnia have disappeared. The voice is practically restored and the patient expresses herself as being highly gratified with the *complete relief* from previous agonizing physical suffering which this treatment has afforded.

Objective symptoms. No exophthalmos or vascular engorgement of the head and extremities. Right radial pulse no longer retarded and restored to normal. The bulging of the anterior chest wall is still present, but diminished. The former aneurysmal area of dulness is fairly resonant but not completely so. The latter may be attributed to the induration of the chest wall contiguous to the site of the aneurysm. There is no longer any accentuation of the second aortic tone, and the systolic thrill and bruit have disappeared. The apex beat is not diffused but circumscribed and has regained its normal position. The tracheal tugging persists. Improvement in strength and general appearance of well being still continue.

There was no x ray verification of the condition

22500895546

in this case, but the physical signs respecting the aneurysm and the results of treatment were absolutely positive and unmistakable.

WELLCOME INSTITUTE LIBRARY
Coll. welMOmec
Coll. pam
No. WG 500
1911
B79r